

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

10732712

12-10-03

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		4				
23	1					
24						
25						
26						
27						
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35						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	37					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
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62						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						